PTO/SB/06 (12-04) Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application of Docket Number		
APPLICATION AS FILED - PART i (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY		
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		(\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	IC FEE FR 1.16(a), (b), or (	c)) .										
SEARCH FEE (37 CFR 1.16(k), (i), or (m))												
EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))												
TOTAL CLAIMS (37 CFR 1.16(i))			minus 2	) = ·		×	=		OR	x =		
IND	PENDENT CLA FR 1.16(h))	IMS	minus 3			×	=	2		x = .		
∴APP FEE	EICATION SIZE	sheets of is \$250 (\$ additiona	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								<b>典称</b> (4) (4) (4) (4) (4) (4)	
MUL	TIPLE DEPEND	ENT CLAIM PRES	ENT (37 C	FR 1.16(j))				,				
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTA	ıL.		]	TOTAL	·	
,	APPL	ICATION AS	AMEND	ED – PART II						OTHER	T. IAAI	
(Column 1) (Column 2) (Column 3)					SMALL ENTITY			OR -	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•	Minus	**	=	×	=		OR	x =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=	×	=		OR	x =		
		e Fee (37 CFR 1.1	6(s))									
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
· · · · · · · · · · · · · · · · · · ·						TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE		
	•	(Column 1)		(Column 2)	(Column 3)		_		_			
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16())	. 24	Minus	-70	= 4	×	_		OR	х =		
ום	Independent (37 CFR 1.16(h))	.,,	Minus	7 <sub>1</sub>	- /	×	=		OR	x =-		
AMENI	Application Size Fee (37 CFR 1.16(s))								1 ~~			
<b>V</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
	<b></b>		-			TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE		
١ ،	* If the "Highest I	olumn 1 is less tha Number Previously Number Previously	/ Paid For	IN THIS SPACE	is less than 20,	enter "20".			<b>.</b>			

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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